

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754368

FILED
Apr 01, 2011
Secretary of State

Entity Name: PUNTA GORDA MEDICAL ARTS CENTER ASSOCIATION, INC.

Current Principal Place of Business:

713 E MARION AVE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BOULEVARD, SUITE 500
ATTN: LEGAL DEPT
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0107274 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PUTTER, JOSHUA S
5811 PELICAN BAY BOULEVARD
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: PUTTER, JOSHUA
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: T
Name: TIBBETT, CHERYL L
Address: 809 E MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD
Name: MORILLO, JOSE
Address: 809 E MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD
Name: PARRY, TIMOTHY R
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: AT
Name: SHAW, MARLIN K
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY R. PARRY

SVP

04/01/2011

Electronic Signature of Signing Officer or Director

Date